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Commissioner for Pate Commissioner for Patents MAY 25 2007 P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 s form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 24024 7590 04/13/2007 Certificate of Mailing or Transmission CALFEE HALTER & GRISWOLD, LLP I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail/Stop ISSUE FEE address above, or being facsimile transmitted to the USFTO (671) 273-2885, on the date indicated below. 800 SUPERIOR AVENUE **SUITE 1400** CLEVELAND, OH 44114 S (Depositor's name 05/29/2007 HGUTEMA2 00000061 10807492 (Signature INDS 01 FC:1501 02 FC:1504 1400.00 OP (Date 300.00 DP APPLICATION NO FIRST NAMED INVENTOR FILING DATE ATTORNEY DOCKET NO CONFIRMATION NO 10/807,492 03/23/2004 Howard Loewenthal 12873/04788 3064 TITLE OF INVENTION: PLATFORM FOR ADJUSTABLE HEIGHT BED APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$0 \$1700 07/13/2007 **EXAMINER** ART UNIT CLASS-SUBCLASS GROSZ, ALEXANDER 3673 005-618000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Calfee, Halter & Griswold (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Elyria, Ohio Invacare Corporation Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🖵 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number __03_0172_ (enclose an extra copy of this form) Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1 27.

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